Russell (I.)

A CASE OF GENERAL PARESIS.

MYSOPHOBIA.—MELANCHOLIA WITH FILTH DREAD.

By IRA RUSSELL, Winchendon, Mass.

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429
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Art. VI.--A Case of General Paresis.

By Ira Russell, M. D., Wichendon Highlands, Mass.

A. B., aged 59, a man of sanguine, nervous temperament, active business habits, who, from small beginnings, had accumulated an immense fortune, estimated at ten or twelve millions dollars, came under my care in July, 1877. He had been under treatment in a private asylum the previous fourteen months. From physicians whose care he had been under, and from Drs. Tyler and Walker, of Boston, and Choate, of New York, and from his family, I learned the following particulars in regard to his personal habits before the access of the disease and after he was taken sick: For years he had devoted himself unsparingly to his business, early and late—was very irregular about eating and sleeping. He engaged actively in politics—run for office—sometimes successful, sometimes defeated. Some two or three years previous to his coming under my care, his friends noticed that he had attacks of unconsciousness, lasting only for

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429
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a few seconds, or long enough to interrupt his conversation, but would immediately continue what he was saying as though nothing had happened. He became irritable in his temper imperious in his manner, and fault-finding with his associates. His appetite was poor, and he slept but little. In the spring of 1876, after engaging in an important and long continued business transaction, going without sleep and eating but little, he had an attack of acute mania and became so violent as to necessitate his removal to a private asylum, where he remained fourteen months. The acute symptoms soon passed off, leaving him with feelings of discontent and great dislike to all restraint.

Previous to the acute attacks, Dr. Walker had diagnosticated his disease as general paresis. Having been placed under guardianship, he was removed to Wichendon, and placed under my care. I employed three intelligent gentlemen as attendants, two of whom were with him constantly. He was allowed all possible freedom, and, as far as possible, all signs of confinement and restraint were removed. He played billiards, croquet, bowled, went riding, boating, to concerts, fishing and parties, and everything was done to make his time pass pleasantly. When he first came under my care, although very active, walking and running with great agility, he had the hitch and shuffle in his gait peculiar to general paresis. His appetite was good, his sleep irregular and disturbed. He had illusions of sight, saw vermin on his clothes. He was easily excited, irritable and passionate, crafty and cunning. His memory was defective. He had notions of self-importance and his great ability, but not in relation to wealth, so common in this disease, and of which he possessed so much. He had slight epileptiform attacks, after which his speech would be affected and his gait less secure. During this time, when his friends called upon him, he would appear quite sane and talk quite rationally upon matters that happened years before. His letters were a medley of sanity, insanity and vulgarity; his hand writing was bad. During the first six months

he was with me, the change in his symptoms was slight.

In February his epileptiform attacks were more frequent and severe; his gait was more unsteady, frequently falling down; his mind was less active, his memory very much impaired. In May he was unable to walk or feed himself; lost all control of the sphinctors and died July 3d, completely demented. July 5th, an autopsy was made by Dr. Moses G. Parker, and the morbid appearances were carefully noted by myself and Dr. Theo. W. Fisher, of Boston. The scalp was rather thick and anæmic. On removing the calvarium, the bones were quite thin and the marks of vessels were deeply impressed upon the inner tables. The diplœ congested. Dura-mater not very adherent. There was a general and marked cloudiness of arachnoid over frontal parietal and temporo-sphenoidal lobes. The brain weighed 53 ounces; the cerebrum, 46 1-2, the cerebellum and oblongata, 6 1-2. Five ounces of bloody cerum flowed from the cranial cavities. Sub-arachnoid effusion, moderate; small vessels distinctly traced. There was shrinking and flattening of the convolutions of the anterior lobes. The effusion and opacity were limited to the frontal and parietal lobes. The other organs of the body were examined and found healthy, except the heart, which was enlarged and fatty.

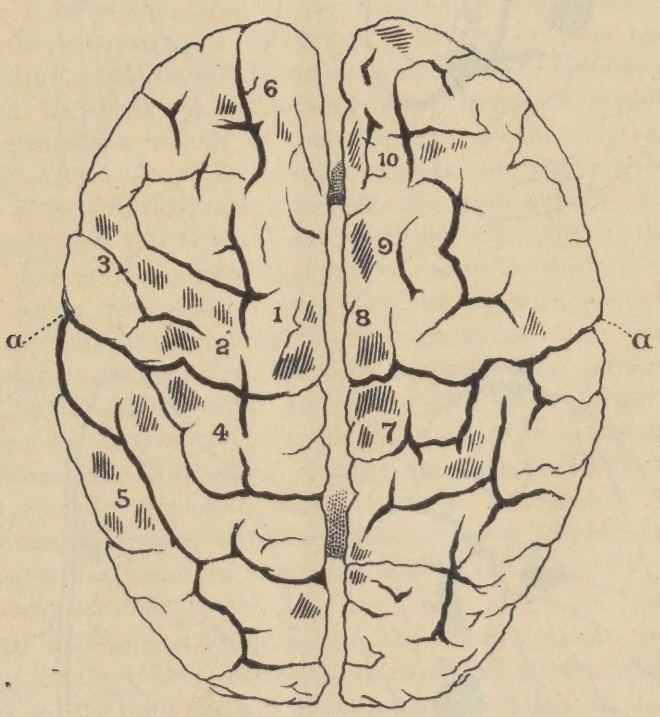
The brain was put in alcohol and taken to Boston by Dr. Fisher, for further examination, who makes the following report, together with a report by Dr. S. G. Webber:

* * * In the afternoon of July 5th, it was examined superficially with the assistance of Dr. Webber The alcohol had somewhat obscured the appearance. above described; we found, however, a moderate amount of wasting over both frontal and parietal lobes. On the *right* opacity extended backwards to the perpendicular fissure, following it downwards and forwards to fissure of Sylvius, which it followed to the base of the brain. Opacity, greatest over fissure of Sylvius, lower part of fissure of

Rolando and vertical frontal fissure, over anterior portions of first and second frontal convolutions and along the medial border of hemisphere. We found on the *left*, opacity a little posterior to that on the right, but rather less marked in degree. It was greatest in the before mentioned localities, which correspond for the most part to the course of the larger vessels as well as sulci. The veins were full, but not excessively injected. At the *base* we found opacity marked along the fissure of Sylvius, *processus uncinatus* and gyrus hippocampus at anterior extremity; also, along olfactory bulbs and over the first and second frontal convolutions. Occipital lobe and external portion of temporal lobe free from opacity. No marked atrophy at the base. This applies to both sides alike.

We found and located seventeen small extravasations (see diagrams): (1) On the *right*, at the *base* for one-eighth of an inch on each side of third temporal fissure, and extending two inches in length, was a spot of blood under the pia-mater. (2) About the middle of the second temporal convolution, a spot three-quarters inch in diameter. (3) In same convolution, a little anterior to last, a spot three-quarters by one-quarter inch bordering on first temporal fissure. (4) At lower portion of ascending frontal, a small spot one-quarter inch in diameter. (5) About the center of the second frontal convolutions a small stain. (6, 7, 8, 9) At extreme anterior portion of the first frontal, four small spots. (10) Posterior to ascending parietal at median fissure, a spot three-quarters by one-half inch. No spots on *left* side at *base*. (11, 12, 13, 14,) At anterior extremity of frontal lobe, involving first, second and third frontal convolutions, a row of four small spots. (15) A large spot three-quarters by one inch, on both sides the fissure of Rolando at its lower part. (16) At anterior part of temporal lobe, bordering on the fissure of Sylvius opposite its bifurcation, a small spot. (17) On gyrus fornicatus an inch behind the corpus callosum, a small spot.

EROSIONS.

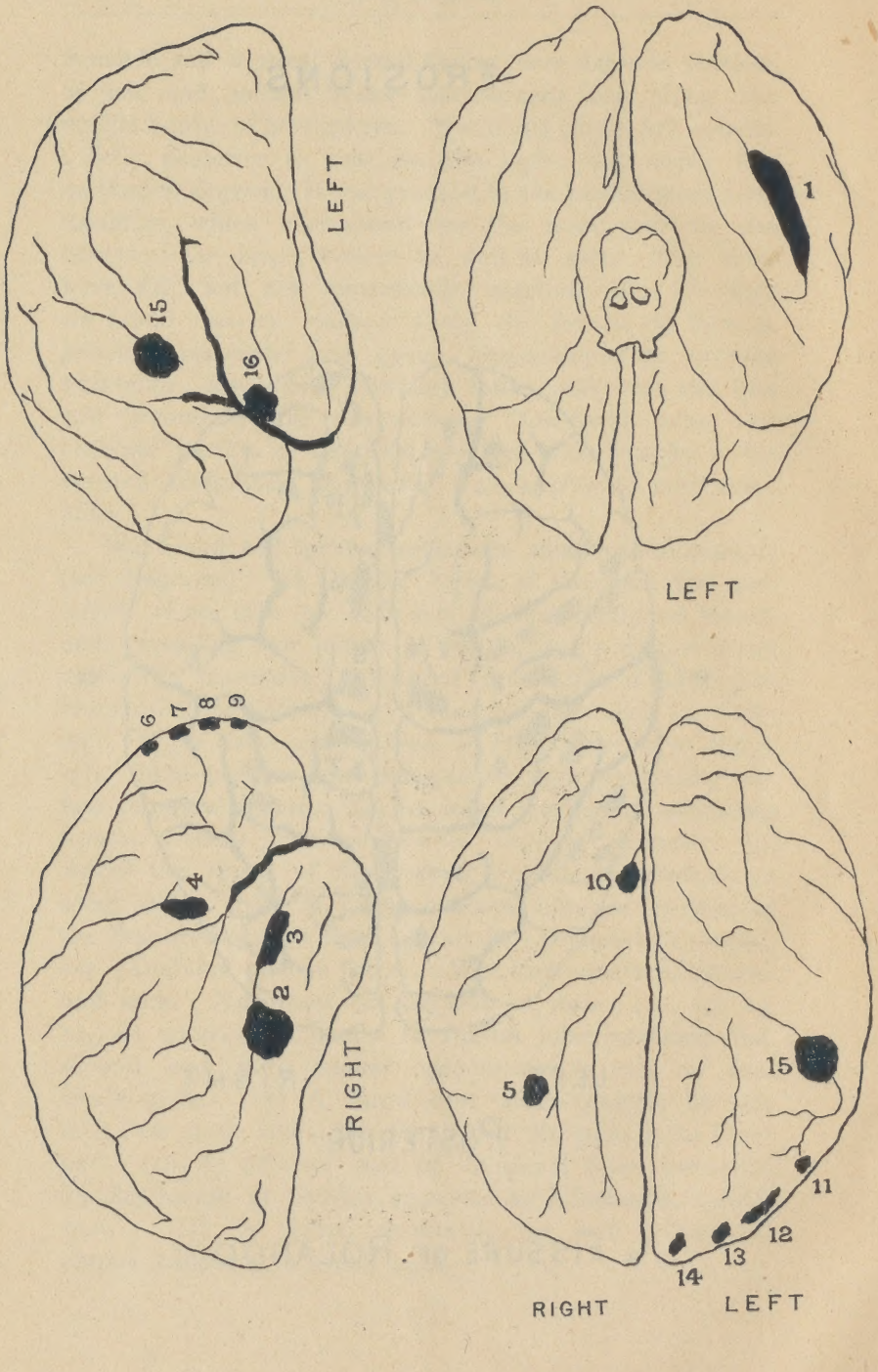


LEFT RIGHT

POSTERIOR

α FISSURE OF ROLANDO.

EXTRAVASATIONS.



ANTERIOR.

Dr. Webber removed some portions for microscopical examination, his report of which is enclosed. The brain was then immersed in nitric acid, one part; water, nine parts, and allowed to remain four weeks. August 3d, it was removed and carefully stripped of its toughened membrane, which separated easily, coming out from the sulci and leaving a clear yellow surface of the hardness of new cheese. At various points could be seen, by careful inspection, shallow erosions with ragged edges, where a very thin film of the cortex had been removed with the membranes. They were all on or near the summit of a convolution. Some were so faint as to be doubtful, but we made out and located twenty-five or twenty-six as shown on a sketch of the convolutions, as observed in this case. These are quite irregular, and differ much from a typical diagram; most of the convolutions can be made out however. There were no adhesions at the base, nor so low down at the sides as not to be included in a single view from above. On the *right* they follow the median fissure along its anterior two-thirds. The largest are at the upper part of the ascending parietal and frontal convolutions, and along the first frontal to its anterior extremity. On the *left* they follow the fissure of Rolando on both sides, a large one being seen at the head of the ascending frontal; another at middle of ascending parietal; then in lower parietal lobule; five or six lower down in ascending frontal, and one each in first and second frontal.

At the second examination the extravasations had disappeared; but it will be seen that they do not correspond to the adhesions, and with the exception of 4, 5 and 15, are outside the motor region of Ferrier. These correspond to Ferrier's numbers, No. 9 and 10, lips and tongue; No. 12, lateral motions of head and eyes, elevation of eyelids, and dilatation of pupils, and No. 7 and 8 and A, elevation and depression of angle of mouth and emotions of hand and wrist, respectively.

The erosions on the *left* correspond: 1, to Ferrier's No. 2, 3 and 4, complex motions of arms and legs; 2, to No. 6, biceps, *i. e.*, supination and flexion of forearm; 3, to No. 7 and 8, el. and dep. ang. of mouth; 4, to a, b, c, hand and wrist; 5, to No. 13, the center of vision; 6, to No. 12, lat. motion of head and eyes, elev. of lids and dil. of pupils. On the *right* they correspond, 7 and 8, to No. 2, 3 and 4, arms and legs; 9, to No. 5, arm and hand; 10, to No. 12, see above; 11, to a, b, c, hand and wrist. Ferrier's centers are all accounted for except No. 1, leg and foot; No. 9, 10 and 11, where there was an extravasation; and No. 14, hearing.

Having thus placed the facts before you, I leave you to draw your own inferences. I am in some doubt whether the extravasations were not post-mortem, due to accidents in removal of brain. There was no gross lesion in the interior of brain, to account for death, and if, as I hear, there was a fatty heart, death after convulsions would not be remarkable.

Very respectfully,

To Dr. Ira Russell, Winchendon. Thos. W. Fisher.

Boston, August 7th, 1878.

Dear Dr:

Dr. Fisher asked me to examine the brain microscopically. I found around many of the blood vessels, granular blood pigment. I found that many of the nerve cells were strongly pigmented, and that many contained fat granules without pigment. These changes were rather more marked in the anterior portion of the frontal lobes than in the motor region. The convolutions about the central extremity of the fissure of Rolando contained amyloid corpuscles; the large cells in these convolutions were strongly pigmented.

Under the pia-mater, in several spots, especially where there was most opacity, were collections of leucocytes.

My method was to take small pieces out of various regions, or to make slight incisions and take small sections out of the cortex; these were teased apart and the cells thus examined. As it was desired to examine the adhesions, I could not take any portion to harden.

Yours Truly,

S. G. WEBBER.

REMARKS:—I am under great obligations to Dr. Fisher for his careful and thorough examination and report of the morbid condition of the brain. The lesions observed correspond very nearly with those observed by J. Crichton Browne in the cases of general paresis, reported by him in vol. VI. of "West Riding Lunatic Asylum Medical Reports;" viz.: "The uniformity of inflammation of the membranes of the anterior lobes of the brain, and adhesions of the same in spots to the apices of the convolutions, the cortex beneath being more or less affected. Dr. Browne and others express the opinion that the lesions found and the symptoms manifested during the progress of the disease verify the localization of function as taught by Ferrier."

I give the order in which the psychical and motor symptoms appeared in the above case:

Psychical.—First.—The first abnormal symptoms noticed by the family of A. B. were general restlessness; intense application to business; irritability of temper; change of disposition, and less regard for the proprieties and moralities of life.

Second.—Extravagant ideas and desires, with self-exaltation.

Third.—He had an attack of acute mania after a prolonged, harrassing and important business transaction —recovering from it.

Fourth.—He had impairment of memory, especially of recent events, and forgetfulness of persons and names.

Fifth—Extreme willfulness and unwillingness to be controlled, and general discontent, with occasional attacks of maniacal excitement.

Sixth.—Hallucinations of the senses of sight and hearing.

Seventh.—Good nature, mental weakness, dementia, coma and death.

Motor Symptoms.—First.—An excited manner of walking.

Second.—A pleased expression to the countenance, caused by the contraction of the occipito-frontalis muscle.

Third.—A fibrillar motion of the tongue; irregularity in the pupils of the eye; a tremulous movement of the chin and lips.

Fourth.—Loss of co-ordinating power of the hands (as shown by hand-writing), and a hitch or shuffle in his gait.

Fifth.—Alteration in the voice.

Sixth.—And lastly, a general paralysis of the arms, legs and sphincters.

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Art. X.---Mysophobia.---Melancholia with Filth Dread.--Mania Contaminationis.

By Ira Russell, M. D., Winchendon, Mass.

IN November, 1877, the late lamented Dr. John E. Tyler, of Boston, sent me a patient for treatment in my family home. From Dr. Tyler, and the friend who came with the patient, I learned the following particulars of his life, and the manner in which his disease commenced. The patient was a large portly gentleman, unmarried, aged forty-seven, of fine personal appearance and cultivated manners, a graduate of Harvard College and of the Harvard Medical School. Being a man of wealth, he never engaged actively in the practice of his profession. He visited medical schools and hospitals abroad, and traveled extensively in Europe, Egypt and Palestine. He was of a cheerful, happy disposition, upright and conscientious; his ready wit, learning, and

intelligent conversation rendering him a great favorite in the cultivated circles in which he moved. His father, a well-to-do merchant; a brother, an eminent lawyer; and a sister committed suicide. A few months prior to his coming under my care, a brother had died suddenly in his arms, which made a profound impression upon his nervous system. He, in consequence, became melancholic, slept badly, was noted for indecision, imagined his hands were dirty, and began constantly washing them. When he came under my care, although very courteous and gentlemanly in his manners, he was much depressed, and complained of a bad feeling in his head. He was fearful that everything he touched would contaminate and soil his hands; the chair, the door-knob, in fact, everything that came in his way he carefully avoided touching with his hands. When reasoned with in regard to his morbid notions, he would admit their unreality, but could not resist the impulse to wash his hands whenever they had come in contact with anything. I provided him with an attendant, a medical student, who is now an assistant physician in the N. H. Insane Asylum, who was constantly with him and carefully watched and noted his symptoms. He had a routine which he regularly observed and for several weeks did not vary from it. Usually he would begin his preparations to retire about ten o'clock in the evening, and it would be two o'clock in the morning before he would be fairly in bed. Before he would begin to undress, his attendant must fill the wash bowl with water, as he dared not touch the stop-cock with his hands; then the water must be let off, the bowl washed and filled again for three times, then he would wash his hands three times, the bowl being filled anew each time. Then after the removal of each garment he must wash, finally he would wash his face, rinse his mouth, each, three times, say his prayers and retire, consuming three or four hours, and using twenty or more towels. In the morning he went

through a similar process, taking two or three hours to dress. Before and after each meal he would wash three times. During the day he walked or rode with his attendant, played billiards, bowled, and frequently went to dancing parties in the evening. At such places no one would suspect that anything was the matter with him. He was fond of music and enjoyed playing on the flute, while some one played on the piano. On Sunday he went to church.

After several months he began to improve, and the following summer was nearly well. At this time, his friends insisted on taking him away, in opposition to my judgment, and the opinion of Drs. Hodges and Walker, of Boston, who saw him in consultation with me, as they feared a return to his home would bring on a relapse. Still his friends insisted and took him away. In two or three weeks after his return home, all his morbid fancies returned very much intensified, and with so much mental excitement that his friends became alarmed and put him in the insane asylum.

Not meeting with the improvement his friends expected, I was importuned to take him again, which I did, and found him much worse than when he first came to me. He was unwilling to admit that the ideas of filth were groundless. But, after a few weeks of treatment, he began to improve, and in three months was so much improved that he went to New York and Washington with his attendant, spending several months. But, on his return home, he immediately had a relapse and came under my care, and staid with me until he fully recovered. Without stopping at his home, he sailed for Europe, and thus far has had no return of his disease.

TREATMENT.—When he first came under my care, and after each relapse, he was very much troubled with insomnia, requiring large doses of hipnotics to procure sleep. For that purpose I gave him monobromide of camphor, bromide potass., chloral hydrate, mecona feet

morphia, belladonna, hyoscyamus, each alone or variously combined. I gave him also Esquirol's Red Mixture—strychnine, quinine, and syr. of hypophosphites of iron, lime and soda. At first it was a question with me how much I should restrain, or whether I should permit him to gratify his morbid desire to wash.

After mature deliberation I decided to grant him perfect freedom to wash as often and to use as many towels as he chose. At the same time I endeavored to show him the absurdity of his whims, and appealed to him as an educated physician to use his own reason and judgment and to consider how he would regard similar symptoms in another person. Finally, at first, and after each relapse, I persuaded him to make an effort to lessen the number of washes each day, and as he did so he gradually gained the power of self-control, and was much pleased with the results of his efforts.

While in the asylum he was restricted to a certain number of washes and towels a day, but he told me that the restriction only aggravated his morbid desire to wash and made him almost frantic.

From the first, I regarded the case as a peculiar form of melancholy.

Like other forms of that disease, the mind had fastened upon one thing or subject, while rational upon all others. Thus it is with melancholia, some fancy that they have committed the unpardonable sin; some that they are poor, and refuse to eat; some that they have committed a criminal act; and yet, on a great variety of subjects, will reason and act rationally.

The above case, to my mind, teaches this lesson: That an insane person may be cured and remain cured, provided he is not subjected to the causes or conditions that produced the attack, but may have a relapse or recurrence of the disease when exposed to the causes that produced the first attack. Many insane patients are sent to an insane asylum, and, to all appearances, are cured. They are discharged and subjected to the

same moral and physical causes that first produced the disease, and a relapse follows, while, under other conditions and surroundings there would be no return of the disease.

The symptoms of physical defilement, associated with melancholia is a less frequent occurrence than that of moral defilement. Hammond has applied the term *mysophobia* to a symptomatic expression of disease not necessarily associated with insanity. In a paper read before the New York Neurological Society, in April, 1879, and published in the "Neurological Contributions," of that year, he reported two cases, and referred to eight others that had come under his observation.